

Consumer Account Application



Bank Name: Wells Fargo Bank, N.A.		Store Name: EAST LAKE	
Banker Name: ASHLEY REYNOLDS		Officer/Portfolio Number: L8065	Date: 02/28/2011
Banker Phone: 404/865-2282	Store Number: 08065	Banker AU: 0066772	Banker MAC: G0270-010

To help the government fight the funding of terrorism and money laundering activities, US Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

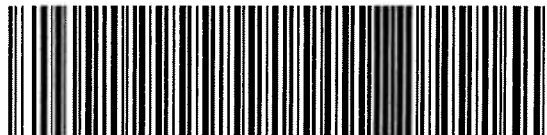
Product Name: Wells Fargo Way2Save Savings	Minor: [REDACTED]	OID: 297	Product: DDA	Account Number: [REDACTED] 1457
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Related Customers

Customer Name: BATASKI BAILEY	Account Relationship: Sole Owner
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Checking/Savings Statement Mailing Information

Customer(s) Listed on Statement: BATASKI BAILEY	Statement Mailing Address: [REDACTED]	
	Address Line 2: [REDACTED]	
	City: SMYRNA	State: GA
	ZIP/Postal Code: 30080-4009	Country: US



Customer 1 Information

Customer Name: BATASKI BAILEY			Street Address [REDACTED]		
Account Relationship: Sole Owner			Address Line 2		
Taxpayer Identification Number (TIN): [REDACTED] 8768			Date of Birth: [REDACTED] 1980		
Primary ID Type: DLIC			Primary ID Description: [REDACTED]		
City: SMYRNA			State: GA		
Primary ID S/Ctry/Prov: FL	Primary ID Issue Date: 02/18/2009	Primary ID Expiration Date: 09/26/2017	ZIP/Postal Code: 30080-4009	Country: US	Time at this address: Year(s) Month(s)
Secondary ID Type: OTHR DC			Secondary ID Description: BOA WISA		
Secondary ID State/Country:			Secondary ID Issue Date:		
			Secondary ID Expiration Date: 03/01/2011		
Home Phone:			Business Phone:		
Current Employer: CARE AMBULANCE			Previous Street Address		
Check Reporting: NO RECORD			City: State:		
			ZIP/Postal Code:		
			Country:		
			Time at this address: Year(s) Month(s)		

Request for Taxpayer Identification Number and Certification

(Substitute Form VV9)

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contribution to an Individual Retirement Arrangement (IRA), and payment other than interest and dividends).
- I am a U.S. person (including a U.S. resident alien). ☐ I am subject to backup withholding ☐ I am exempt from backup withholding

Tax Responsible Customer Name:


BATASKI BAILEY

Taxpayer Identification Number (TIN):

[REDACTED] 8768

TIN Certification Signature

BATASKI BAILEY

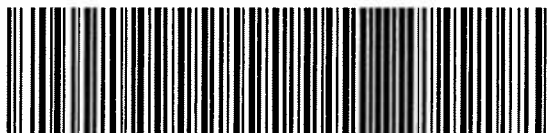

☐ Submit manually☐ Signature not required

Date:

02/28/2011

Customer Signatures

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. I have received a copy of the applicable account agreement and privacy brochure and agree to be bound by them, including the terms of the Direct Deposit Advance service described in the Service Agreement and Product Guide and any amendment or addendum (Direct Deposit Advance service currently not available in all states). I also agree to the terms of the dispute resolution program described in the account agreement and the Direct Deposit Advance Service Agreement and Product Guide. Under this program our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.



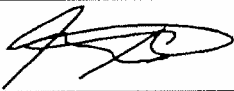
Consumer Account Application

Customer 1 Name

BATASKI BAILEY

Customer 1 Signature

BATASKI BAILEY



- ☐ Submit manually
☐ Signature not required

Date:

02/28/2011

